
Form 11: Urinalysis Test Record

Agency submitting specimen _____

Date of run _____

Lab technician _____

Operator's initials _____

Calibration expiration date _____

Lot # of reagent _____

Expiration date of reagent _____

Negative cal. rate _____

Low cutoff _____

Control Number	IRS	Assay Results	Positive	Negative	If Positive Results	Confirmation

Source: American Probation and Parole Association